



Bulletin

of the Mahoning Valley Medical Society
Second Quarter 2015

C. Conner White, MD, Named 2015 Distinguished Physician

Doctor C. Conner White, MD, was named 2015 Distinguished Physician by the Mahoning Valley Medical Society and presented with a plaque commemorating the honor at the Annual Meeting of the Society on Tuesday, May 5, 2015, at The Lake Club in Poland. Presenting the award to Dr. White was Dr. Thomas Traikoff. Dr. White was joined by his wife, Barbara, and their children Dr. Clark White, Col. Steven White, Scott White and Jennifer Comstock, her husband Chip Comstock, and their son Andrew.

Dr. White graduated from Poland Seminary High School and received his B.S. degree from Westminster College. He received his medical degree from The Ohio State University College of Medicine. Returning to Youngstown, Dr. White did his internship and residency in Family Practice at Youngstown Hospital Association Southside and Northside Hospitals.

Dr. White served as a Captain in the U.S. Air Force Medical Corps and was the Officer in Charge of the clinic at Stewart Air Force Base, Stewart Field, New York.

After his service Dr. White opened his private practice in Austintown where he practiced until his retirement in 1999. At that time Dr. White turned his practice over to his associate, Dr. Traikoff who nominated him for the award.

During his career, Dr. White was Board Certified by the American Board of Family Practice, a member of the American Medical Association, the Ohio State Medical Association and the Mahoning County Medical Society. He has served on the Council of the medical society and is currently serving as a Trustee of the Mahoning County Medical Society Foundation. He served on the staffs of St. Elizabeth Hospital, Western Reserve Care Center and NEOUCOM. He helped to set up the Physical Diagnosis Lab for level four NEOUCOM medical students at the Northside Family Practice Center, as well as the Family Practice Residency program at Northside. He also served as a preceptor for medical students and Family Practice residents.

Dr. White and his wife Barb have been married for 55 years and are enjoying retirement by spending six months of the year in Sarasota, Florida.

Also honored at the dinner were the recipients of the Ohio State Medical Association Fifty Years in Medicine Award. Honored were Drs. Escarlito Sevilla, and Frank Veres. They received their medical degrees in 1965. Also receiving the award but unable to attend were Drs. Suzanne Butcher, Subbarayudu Cuddapah, H. Keshava Reddy, Parvin Shaibani, and Precha Wongtrakool.



Dr. C. Conner White, 2015 Distinguished Physician, and Family

50 Years in Medicine Award recipients Dr. Escarlito Sevilla and his wife (below) and Dr. Frank Veres and Dr. Lyn Yakubov (right)



Bulletin

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Calendar

August 3, 2015

James Taylor,
Covelli Centre

August 11, 2015

Resident Seminar,
Leo's Ristorante, Warren

August 12, 2015

Resident Seminar,
Cassese's MVR, Youngstown

September 2~7, 2015

Canfield Fair

October 9, 2015

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Are Doctors failing at Technology or is Technology Failing Doctors?

So we are in the age of EMRs and patients having access to their medical records on line. But where are we when it comes to more modern and accepted social technologies such as Twitter, Facebook, LinkedIn, texting appointment reminders, etc.? As physicians we fall behind the times in reaching the populace with these technologies. The question is why? Why are physicians behind in this arena?

The first question we must ask is what value these technologies have. The second question is related to safety in the use of these avenues of immediate contact in the medical community.

Personally, I fear the power of immediate and permanent chatter created by avenues such as Facebook and Twitter. These produce personal commentary that can never be taken back and may be produced at a time of stress. This can lead to unforeseen consequences. In the "old days" we would go home, think about what we were upset about, then calm down and move on with our lives. Today, we go home and immediately post our frustrations and anger and then live with the consequences, which at times can be severe. We have all heard of the principal losing his job for comments the school felt were racist, or the healthcare worker who lost her job because it was determined she shared too much info and found guilty of breaking HIPPA compliance. This is, I believe, an example of technology that is not safe for the healthcare industry for many reasons.

There are technologies that I wish we did use more frequently and should have been using for the last decade. One is email. Email is now a "has been" technology, but can be useful for keeping patients in the loop as to what is going on at the doctor's office and for use as a tool for education. Newsletters are a great way to stay in our patient's day-to-day management of their medical problems. It's also a great way to stay up to date on medical topics that are important in our day-to-day practice. Patients however, I have found, are afraid to give my office their emails at times. They are afraid we are going to use it inappropriately. Fortunately we can't because of healthcare laws. The same patients will give their email to a retail store for a "freebie" and inadvertently have their email sold to third parties because of it. Not sure if this is misplaced trust or some form of greed?!?

I wish we could more easily use texting for appointment reminders. I know it is available, but not sure of the ease of use and the cost. Telephone reminders via automated systems can cost ten cents a call. I need to look into texting reminders, but with the available technology, it ought to be relatively easy and free for one office staff member to use the EMR to send a text to all the next day's patients (after consent is obtained of course). However, we all know that to do this you likely have to buy an upgrade in the system and pay per text sent. This is an example of technology failing the physician.

Twitter. I have no comments for this technology. That is possibly my failure to be comfortable with this medium. I see little immediate use of this expect possibly educational benefits or alerts for recalls of medications or such type public health events.

Webpages this day and age are a must. Any doctor's office without one should be ashamed. Enough said!

Electronic scripts are excellent! With or without an EMR, I love the concept and many of the functionalities. Some tweaking is necessary, but all in all it is a great step forward in our field.

I'm flying home at this time from an education activity. I was talking with the passenger next to me and discussing that I was going to be creating my editorial. She is a technology worker. She suggested this topic based on the amount of information out in cyberspace that she has access to that most people would be shocked to know is available. She can run a 70-point evaluation on any person she wants to decide what people to target with her business. She can purchase access to these data points from many locations. She specifically noted the Census. The government sells our Census information that we are required to supply to third parties to make money. If they are doing it, who isn't? Also, makes you wonder if they are required to be HIPPA compliant, or is it just us?!?

We need to be more tapped into technology as a professional group. We need to accept that the world is moving forward with this technology whether we like it or not. We also need to understand that we don't have to jump in right away with every new advance. There will be bumps in the road and one-hit wonders. We need to make sure we wait for the "sure thing" before we start risking patient information in the tech world. So, in the end, maybe we have rightfully waited to use technology until its "safe" for the delicate information we have at our hands. But it is time to begin to acknowledge that it is not going away and we do need to use it wisely and purposefully as a group. It doesn't mean we have to always agree on what is appropriate use, but we do need to start somewhere. It would be best to do it in a unified and pioneering fashion so we can make sure it is as functional and efficient as possible.



SUMMERTIME

Why do we so love summer? The quintessential summer month, June, is the time of graduations. Also called "commencements", they are a time of starting something new, a time of and for moving on and forward. Times of completion and of reflection. These times and this month are inherently filled with idealism. Remember your graduation from medical school? Periodically, it is important to remember the idealism we had when we graduated. Take a moment to remember the things that were important to all of us when we entered this most privileged and respected career called the practice of medicine. I suggest these: Lifelong learner; Person(s); and Compassion.

Lifelong Learner: Medical school had required classes. Life after medical school does not. We graduated as physicians but not "finished" ones. In fact, we are never finished . . . learning that is! We are always learning. That is why it is called the *practice* of medicine. In anything in life, if

you learn, you grow. If you stop learning, you decay; plain and simple. You never "stay put". You never just "exist" when it comes to education (or anything else) in your life. You are either growing or decaying.

Any practitioner knows that, 10 years out from medical school or residency, greater than one-half of what s/he does on a daily basis was not what s/he learned in either medical school or residency. Science, Medicine, and Life change that much; change that fast. More importantly, this also holds true in your relationships, in your worldview, and in your other roles in life. May you love this earthly life enough to keep learning and growing! May you continue to love to learn about all aspects of medicine, life, and yourself!

Person(s). We went into the healing arts because we wanted to help and to serve people. Remember? We help some and are unable to help others. But with all of them, we must focus on personhood. Human beings are special beings who are fearfully and wonderfully made. You are given the privilege of being "let in" on their fears, their private struggles, their health, their bodily functions, their life, and their death. Remember how daunting that was to think about upon graduation? It should be that sacred still, even though it is now an everyday event in your professional life. Science is factual and derivative and conclusive. *Health Sciences* add the personal touch. Something we were never schooled in completely.

You will shake hands, hold hands, and let go of hands or *persons*. Knowledge does not separate you any amount from any other person in this sphere. In fact, it gives you more responsibility. As it is said, "to whom much is given (your knowledge, your insight, the opportunity and achievement this profession or position gives you, and the privilege you have of 'laying on of hands') much is expected." Do not forget your personhood and your patients' in the process of your daily life and practice.

Compassion. Passion is suffering. Compassion is from the Latin *cum* meaning *with*. This simply means to suffer with or, better yet, to come beside someone in his/her suffering. Medicine is unlike any other job description. Not because we meet and help other people. Many careers have this. But because we are given a trust as we are allowed into another person's life and suffering . . . way into! What a level of confidence! What a trust we are given! Your words to someone to whom you can only offer comfort in his/her last days in the absence of a cure should be spoken with the same compassion as you would or *will* want them spoken to you as you are lying in that bed and your hand is the one being held. Compassion is your job description!

So, do not forsake the paths of virtue, or let the remembrance of your original purposes fall to the wayside! Do not solace your disquiet with other gratifications or rove through inconstancy (the things that do not last) until old age surprises you at how far and fast you have wandered from your ideals.

My prayer is that what (or whomever) is in front of you every day would serve to remind you of your original intents. May you sense the need to learn each and every day of your life both professionally and personally. May you use your person (personhood) to serve others—in ALL aspects of life. May you come alongside your fellow human beings to help in their suffering.

Summertime and the living is *REFLECTIVE* and thankfully so!

Lyn E Yakubov MD

"WHY IN THE...DOES A DOCTOR SCHEDULE AN APPOINTMENT FOR 2:40 AND KEEP MY (BUTT) IN THE WAITING ROOM FOR AT LEAST 30 MINUTES?"

Reprinted with permission from the blog of M. Dawn Linn, DO, Rapha Family Wellness, Hendersonville, TN

A friend of mine (who I really do adore), posted this on his FB page, which made me go off on a rant. I know you are surprised by this. Vickie says I need a soapbox to stand on in front of my podium at work. I really want to share it with you because I feel like sometimes one of these patients comes in my office and just needs to hear this. (None of the names listed below are real and have been changed to protect the innocent and keep the privacy of those who trust me with their health.)

FB Post: Why in the..keeping it clean-sorry...does a doctor schedule an appointment for 2:40 and keep my (butt) in the waiting room at least 30 minutes?

Friend response: If you get a decent answer to this, share with the class please.. I told the doctor one time that my blood pressure was high because I was, um, fricking waiting for a half hour...

#2 Friend response: Usually it's because they have added on extra patients at the last minute and it makes everyone suffer. OR because he/she just bought a bigger McMansion...

MY RESPONSE

I am SO glad you asked and also VERY glad you have other people in line who don't know the answer. I am happy to offer you the right one...

While in a perfect world each patient would come in with a simple problem, (i.e., I stubbed my toe, I have poison ivy), they don't. More commonly a day goes like this...

Mrs. Jones is 76 and has smoked nearly her entire life. She made an appointment for a lump that she has noticed come up on her arm. A quick visit...today. I think they might be nothing but since I'm not sure I send her to a surgeon who also thinks they might be nothing but takes one off anyway. Remember Mrs. Jones because she will come up in a moment. A few days later I am seeing Mr. Green who is 78 and following up on his thyroid medication. Should be simple enough except that Mr. Green's wife of 56 years has just passed away. She, too, was my patient. He is crying, unable to sleep, full of anxiety and depressed. I, too, start to cry and console and pray for him right there in the room. Only after we have that discussion are we able to move on to his "medical" care.

One reason we are late: we console.

Right after him I go in to see a chronically uncontrolled diabetic. It would be easy to think that she is simply non-compliant, but the fact is that she cannot afford her medications and so she only takes them every few days. I am aware that there patient assistance programs available online but she does not have Internet access so I take the time to help her fill out the appropriate paperwork for this.

One reason we are late: we care.

Remember Mrs. Jones? The surgeon is now on the phone and wants to talk to me. Turns out those lumps she had are stage IV lung cancer and he has sent her for a CT scan which he is sending the results of to my office. She is at my front desk asking for these results...she has no idea she has cancer. So, yes, I work her in, "adding on extra patients at the last minute and it makes everyone suffer." Not only do I get the joy of explaining to her that she has cancer that came up as suddenly as a spring rain, I get to call her husband on the phone and explain it to him while she cries in my office. I call the oncologist to set up her appointment for the very next day. I get to be the one who tells her that she doesn't have very long to live.

One reason we are late: we take time.

Yes, this was a real day. And, yes, often I am AT LEAST 30 minutes behind, at the very least. That particular day I was 90 minutes behind. But I can guarantee you that not another person that day was upset with me because each of them has learned that I am the type of doctor who would do the exact same thing for each of them.

So the next time your doctor is 30 minutes late, instead of playing Candy Crush or FB on your phone and constantly looking at your clock, look around the office or the waiting room. Say a silent prayer for those there with you because you have no idea why they are there, just like they have no clue about what you suffer. But I do. I carry it home with me every night. I work my nurses too hard for too little pay because I demand that my patients are taken care of. They do

(Continued on next page)

more than just bring patients back to rooms. They call in your refills, fill out your paperwork, write notes for school or work, find samples and coupons, play with your kids, look up your immunization records, talk to your spouse on the phone who is worried about your recent visit to the ER. Sometimes they spend more than two hours on the phone with an insurance company for Mrs. Little, trying to figure out why they will no longer cover her medication for her multiple sclerosis that has been the only thing that has allowed her to function for the past 5 years. And sometimes I even have to argue about it with somebody on the other line.

One reason we are late: we are advocates.

And, sometimes even the doctor has issues like the day I learned (in the middle of my morning) that my mother had breast cancer. I'm sure you were in the waiting room complaining about my being behind while I was in the bathroom crying and trying to freshen up because I still had patients to take care of.

One reason we are late: we are human.

Yes, in a perfect world, we would never be behind, but we would also ONLY see healthy young people whose biggest complaint is how far behind we are in our schedule. And, while it would nice to think that your \$20 copay is paying for my "bigger McMansion," the truth is that I work 60 hours a week running my own clinic (actually IN the clinic) and another 4 hours every night (after my kids go to bed) and another 12-24 hours in an ER 2 hours away on the weekends in order to pay my staff less than what they deserve and try to chunk away at the \$270,000 in student loans that I willingly took on so I could hear people complain about themselves (or me and my office) all day long. Take time to think about that the next time you're waiting 30 minutes and maybe you'll realize that 30 minutes really isn't as long as you think.

I could be wrong. What do I know? I'm just a doctor here to (tick) you off.

Added July 21, 2015: While I wrote this post for my patients, friends and family 2 years ago, it has recently gone "viral" to the point where people from all over are commenting on it. So, yes, there have been nearly 100 comments in the past couple of days. I have read each and every one of them. At least 95% of them have been supportive, suggestive, and have sparked thoughtful regard while the other 5% have been plain mean or derogatory, even cursing at me. I'm glad that this has led people to think, or discuss, this problem more. I know that many physicians are frustrated with the current state of how this works and I would recommend you take the time to discuss it further with your physician if you have your own thoughts or concerns. Doing so, of course, will take more time and may cause the next patient to run a little behind; but, a good physician will certainly want to hear your thoughts, good or bad, and ways to improve your relationship. Thank you for your support, those who have offered it; but I have chosen to not allow the comments to be viewed so that it does not cause argumentative debate or negative banter. I will continue to read each of them, however, and ask that you continue the discussion beyond this.

Bits 'n' Pieces

RETIREMENT

Adon Weinberg, DO will retire from his practice on September 18, 2015.

MEMBERSHIP DUES BILLING

2016 Membership Dues invoices will be prepared and sent in August. This includes physicians in Trumbull County who paid 2014 membership dues.

ATTENTION TRUMBULL COUNTY PHYSICIANS!

If you were previously a member of the Trumbull County Medical Society and would like to continue membership in the combined Mahoning Valley Medical Society, please take a moment to complete a membership application (available on our website, www.mahoningmed.org) so that we have all your information available. We use this information for our referral service and currently do not have this available for Trumbull County physicians. If you were not a members of TCMS but would like to become a member of the combined society, please complete an application also. If you have any questions, please do not hesitate to call Karyn at 330-533-4880.

DIABETES PARTNERSHIP GOLF OUTING

Ankle & Foot Care Centers will be holding a golf outing benefitting the Diabetes Partnership of the Mahoning Valley on Friday, September 18, 2015, at Pine Lakes Golf Club in Hubbard. If you would like to play or become a sponsor, contact the medical society for a registration form.

ALLIANCE BEER TASTE AND GEM OF THE YEAR

The Mahoning County Medical Society Alliance will hold its second annual Beer Taste on Tuesday, August 25th from 6:30 to 8:30 at the Magic Tree. Tammy Engle will be honored as the Gem of the Year. For more information or to register, contact Jenna Cicchillo at jennamike1@yahoo.com by August 17th.

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Henry Holden, Sr., MD
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10 Facts about ICD-10

Less than 75 days remain until October 1, 2015 compliance date

In response to myths and misconceptions about ICD-10, the Centers for Medicare & Medicaid Services (CMS) has released a new [animated video](#) featuring a countdown with 10 facts about the new code set and transition.



Countdown to ICD-10

Although the transition is less than 75 days away, there is still time to get ready. A new [quick start guide](#) is now available which outlines the 5 steps health care professionals should take to prepare for ICD-10.

Visit RoadTo10.org for more guidance and resources as we approach the October 1, 2015 compliance date.



EXHIBIT TAKES VISITORS BACK IN TIME

Have you ever wondered what a trip to the doctor's office looked like in 1905? What kind of tools did he have? Was it busy? Who worked there and what were the hours?

Has it really changed that much in the past 110 years?

You're invited to visit the new exhibit "The Doctor Will See You Now: Scenes from the Melnick Medical Museum" at the Tyler History Center. The Youngstown Foundation Community Gallery will feature recreations of a doctor's office from 1905 and 1930 as well as an operating room from 1915. The exhibit will highlight the changes in medical practice during this time period and invite you to think about the many factors that influenced those changes.

Dr. John C. Melnick started the Melnick Medical Museum at YSU in 2000. It was located in Melnick Hall on Wick Avenue. Right now, the museum is in the process of relocating to Cushwa Hall in the center of campus where it can be more integrated with students who are studying to become health professionals. During the move, the museum exhibits are closed, so this three-month display at the History Center is a wonderful way to make one of the museum's best-loved exhibits available to the public. The Medical Society is invited to hold a special event at the History Center during this time.

The Tyler History Center is located at 325 West Federal Street in Youngstown. The building has been beautifully preserved and is on the National Register of Historic Places. It is open Tuesday through Sunday from noon to 4pm. Admission is \$4 for adults, \$3 for seniors and college students, and \$2 for children.

Call the History Center at 330-743-2589 or Cassie Nespor at the Melnick Medical Museum (330-941-3487) with questions.

The medical society will be scheduling a Fall event at the Tyler History Center to view the display. Invitations will be mailed.



(Left) 1905 Office recreation



(Right) 1930 Office Recreation

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